WELL COMPLETION REPORT

LAKE CAPHEL PUTNAM COUNTY DEPARTMENT OF HEALTH
Division of Environmental Health Services

41 25 14 73 44 68 COUNTY OFFICE BUILDING - CARMEL, NEW YORK

PUTNAM COUNTY DEPARTMENT OF HEALTH

This report is to be completed by well driller and submitted to County Health Department together with laboratory report of analysis of water sample indicating water is of satisfactory bacterial quality before certificate of construction compliance is issued.

REPORT MUST BE SUBMITTED WITHIN 30 DAYS OF WELL COMPLETION

OWNER	NAME		ADDRESS		
LOCATION OF WELL		he aland	Rilae Roal	10,7-	1. Bo - Malio
PROPOSED USE OF	DOMESTIC	BUSINESS ESTABLISHMENT	FARM	TEST WELL	THE HEAD
MEIT	D PUBLIC SUPPLY	INDUSTRIAL	AIR	OTHER (Specify)	730 S
DRILLING EQUIPMENT	ROTARY	COMPRESSED AIR PERCUSSION	CABLE PERCUSSION	OTHER (Specify)	
CASING DETAILS	LENGTH (feet)	J DIAMETER (Inches) WEIGHT PE	15 STHREADED W	ELDED YES NO	and the second s
TEST	BAILED		MPRESSED AIR	3 C.P.M.	YIELD (G.F.M.)
WATER LEVEL	The second second	AND SURFACE - STATIC (Specify feet)	DURING YIELD TEST (feet)	Depth of Completed in feet below Land	surface: 136
SCREEN	MAKE	X			LENGTH OPEN TO AQUIFER (fee
DETAILS	SLOT SIZE	DIAMETER (Inches) IF GR PACK	AVEL Diameter of well includ (ED: gravel pack (Inches):	ing GRAVEL SIZE (Inches)	FROM (feet) TO (reet)
FEET to F		FORMATION DESCRIPTION	face of	h exact location of well with dermanant landmarks.	Istances, to at least
0	5 l	can tables	grande		
5 1	36 ld	· Atalita	as in to		
		Lest / ACADIC	Tacreta		
				**	
If yield	was tested at diffe	rent depths during drilling, list belo	DW DW		
	EET	GALLONS PER MIN			
TE WELL COMP					